Name in Full

Certificate of Death

Esther Barclay

Died at Town Dames Quarter County Somerset, MARYLAND

Date 1898 Month Nov Day 26 | Age Y. 1 M. 8 D. 23 | Native of — | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife —

Father's Name Wesley Barclay

Mother's Name Esther Barclay

Cause of Death: Primary Pneumonia — How long sick

Immediate — 72 — Accident, Suicide, Homicide

Reported by S. J. Windsor

Address Dames Quarter, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Harold Bennett

Died at Town St Peters County Somerset MARYLAND

Date 189 8 Month Nov Day 5 | Age ~~Y.~~ M. 15 ~~D.~~ | Native of St Peters | Occupation ——

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife ——— 226

Father's Name William Bennett | Mother's Name Addie Shores

Cause of Death: Primary Tubercular Meningitis | How long sick 10 dys

Immediate Exhaustion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. L. Hoyt M D

Address Oriole P.O. [redacted] Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Lizzie Bradshaw — Certificate of Death

Died at Town: Hyattsville — County: Somerset — MARYLAND

Date 189 8 — Month: Dec. — Day: 4 — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living 7

~~Husband~~ / Wife of Thomas Bradshaw.

Father's Name T — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aisfield Twins Bur. S

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

St. Peters Cemetery.

Name in Full

Certificate of Death

Ginkins Cannon

Died at Town Hollandi Island County Somerset MARYLAND

Date 1898 Month Nov Day 28th Age Y. 84 M. 8 D. 27 Native of Md. Occupation Waterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Jane Cannon

Father's Name

Mother's Name Lizzie Beth

Cause of Death Primary Pneumonia 72

Immediate

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by Wm. W. Evans Md.

Address Deal's Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Attended by Dr. R.C.I

of

Information contained in this certificate received from Jane Cannon

of Hollands Island MA

Name in Full

Certificate of Death

Lydia Turner Denson.

Died at Town: Crisfield County: Somerset — MARYLAND

Date 1898 Month: Mar. Day: 27th Age Y: 82 M. D. Native of: Somerset Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living: 4

Husband / Wife of

Father's Name: Levin Townson

Mother's Name: Mary Townson

Cause of Death — Primary: Old Age 141 — How long sick: 7 Weeks

Immediate: " "

Accident, Suicide, Homicide

Reported by: Rev S H. Sheriff

Address: Crisfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70706

The undertaker was † Revell. Adams. Dec 16
of Crisfield

Attended by Dr. † J. F. Somers
of Crisfield Dec. 16

Information contained in this certificate re-
ceived from Mrs. Laura Blades. her daughter
of Crisfield

Name in Full Mary Ann Evans

Certificate of Death

Crisfield Somerset

Died at Town Crisfield County 1898, Nov. 24 MARYLAND

Date 189 8 Month Nov. Day 24 | Age Y. 26 M. 9 D. (?) | Native of Md | Occupation Married Woman

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Lewis Steward Evans

Father's Name Andrew Riggin | Mother's Name Sarah Riggin

Cause of Death { Primary: Pulmonary Consumption | How long sick Over a year
Immediate: 22a | ~~Accident, Suicide, Homicide~~

Reported by Rev. J. P. Otis

Address Crisfield, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

The undertaker was + I. S. Lawson

of Crisfield

Attended by Dr. O. W. F. Hall, J. F. Somers, G. T. Simonson & C. C. Ward

of Crisfield — but none of them regularly, or within a considerable time before death: Principally as they were sent to for medicine

Information contained in this certificate received from Dr. W. F. Hall, & others

of Crisfield

Rev. J. W. Haddaway simply assisted me & hence does not send a sup- [illegible] arate report. The above facts, & further that the law is not clearly understood accounts for lack of previous report. J. P. Otis

Name in Full

Certificate of Death

Columbus J. Gilliss

Town

Eden

County

Somerset

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1898 Nov 8

Age

Maryland

R. R. Agent

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Mrs E. J. Gillis

Father's Name James Gillis

Mother's Name Gillis

Cause of Death { Primary Bright's Disease 97

Immediate " "

How long sick 2 or 3 months

~~Accident, Suicide, Homicide~~

Reported by F. M. Dennis M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name in Full John H. Lawson

Certificate of Death

Died at Town Lawsonia County Somerset MARYLAND

Date 1898 Month Nov. Day 4 | Age Y. 85 M. — D. | Native of Somerset Co Md | Occupation Farmer

Male yes White yes | Married | Widow | Divorced no

Female | Colored | Single | Widower yes | Number of children living 7

Husband of Wife Anna Lawson

Father's Name Daniel Brown

Mother's Name Daniel Brown

Cause of Death: Primary Dysentery 84 | How long sick Six days

Immediate | Accident, Suicide, Homicide

Reported by J. D. Somers

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6590e

Name in Full: Montefrazier Leonard

Certificate of Death

Died at Town: Deal Island County: Somerset MARYLAND

Data 1898 Month: nov. Day: 16 | Age Y.: 1 M.: 5 D.: | Native of: md | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of

Fathar's Name: Walter Coulhorn

Mothar's Name: Cynthia Leonard Leonard

Cause of Death: Primary: Chronic Indigestion — How long sick: 4 mo.

Immediate: 81 — Accident, Suicide, Homicide

Reported by: Wm W Evans md.

Address: Deal Island md

Must be signed by physician, if any in attandance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 65968

Attended by Dr. _____

of _____

P. C. T

Information contained in this certificate received from Walter C. Leonard

of Deal Island, Md

Neme in Full

Certificete of Death

Robert Tawes

Died at Town Smiths Island County Somerset MARYLAND

Date 189 Month 11 Day 14 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living

Husbend / Wife of

Fether's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Crisfield Times 11-19

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Mrs. Jane Tyler Somerset

Died at Town Near Crisfield County

MARYLAND

Date 1898 Month Nov Day 5 | Age Y. 75 M. — D. | Native of Somerset | Occupation Housewife

Male | White Yes | Married ~~[illegible]~~ | Widow Yes | Divorced No

Female Yes | Colored | Single | Widower | Number of children living 4

Husband of Wife Thos. Tyler

Father's Name Isaac Sterling

Mother's Name I don't know

Cause of Death: Primary / Immediate Chronic Diarrhoea 82

How long sick 12 months

Accident, Suicide, Homicide

Reported by J. F. Somers,

Address Crisfield, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Cooper Webster

Certificate of Death

Died at Town Wenona County Somerset MARYLAND

Date 189 8 — Month 11 — Day 15 Age Y. 20 M. D. Native of U.S. Occupation Sailor

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name G. A. Webster Mother's Name Minnie Webster

Cause of Death Primary Typhoid Fever How long sick 8 weeks

Immediate Accident, Suicide, Homicide

Reported by Monmouth Rm, M.D.

Address Deal Island So. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full Unnamed

Certificate of Death

White

Died at Town St Peters County Somerset MARYLAND

Date 1889 8 Month Nov Day 14 | Age Y. — M. — D. 3 | Native of St Peters | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Matthew White

Mother's Name Adelaide Selby

Cause of Death: Primary Eclampsia 48 | How long sick 3 dys

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M D

Address Oriole P.O Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Name in Full

Certificate of Death

Thos. Williams

Died at Town Princess Anne County Somerset. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
11	23	71				

Date 189 8 Age

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Advocate 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706